

Benefit Summary for City of Wichita

Adults Plan B (12/12/24)

Exam Once Every 12 Months
Lenses Once Every 12 Months
Frame Once Every 24 Months

Dependents Plan C (12/12/12)

Exam Once Every 12 Months
Lenses Once Every 12 Months
Frame Once Every 12 Months

Note: On the child's 18th birthday, coverage changes to the adult Plan B frequency.

VSP Benefits	VSP Participating Provider Coverage	Non-Participating Provider Schedule of Allowances
Examination	Full Coverage	up to \$ 43.00
Basic Lenses (pair)		
Single	Full Coverage*	up to \$ 40.00*
Bifocal	Full Coverage*	up to \$ 60.00*
Trifocal	Full Coverage*	up to \$ 73.00*
Lenticular	Full Coverage*	up to \$ 80.00*
If selected, all tints and coatings are covered lens options.		
Frame	Covered up to \$115 retail allowance**	up to \$ 45.00*
Elective Contact Lenses (See additional discounts) (instead of spectacle lenses & frame)	\$150.00***	up to \$150.00***
Necessary Contact Lenses (See additional discounts) (instead of spectacle lenses & frame)	Covered in Full****	up to \$210.00****

* Subject to copayment - \$40.00

** If you choose a frame valued at more than your allowance, you'll save 20 percent on your out-of-pocket costs for frames.

*** Allowance for contact lenses and associated professional services, not including the examination. \$40.00 copayment does not apply to elective contact lenses.

****You must get prior approval from VSP for medically necessary contacts. \$40.00 copay does apply.

Services Through a VSP Participating Provider

- Call a VSP participating provider for an appointment
- **Identify yourself as a VSP member** and schedule an appointment
- Participating provider will need your Social Security number and employer name (City of Wichita)
- Participating provider will contact VSP to verify your eligibility, plan coverage and obtain authorization for services/materials. The provider will inform you at this time if you are not eligible for benefits.
- To locate a VSP participating provider, call VSP at **(800) 877-7195**, or visit our web site at www.vsp.com, or see your Personnel office.

(other side please)

Additional Discounts Only Through a VSP Participating Doctor

*Non-Covered Glasses:

- 20 percent discount applied to VSP participating doctor's usual and customary fees for complete pairs of non-covered prescription glasses with any spectacle lens options

*Contact Lenses:

- 15 percent discount on participating doctor's professional services when purchasing all prescription contact lenses (contact lenses at doctor's usual and customary fees)
- This benefit is available in conjunction with the VSP contact lens allowance or can be used to purchase contacts in addition to glasses

Lasik Surgery & PRK:

- Substantial discounts averaging 20-25%. The maximum members will pay for the procedure will be \$1,500 per eye for PRK or \$1,800 per eye for LASIK. Member's schedule a complimentary screening with their VSP doctor. The VSP doctor makes arrangements with one of many top-quality participating laser surgeons and centers.

***Discounts only offered for 12 months following the date of the covered eye exam and are only offered through the VSP participating doctor who last provided the covered eye examination**

Services Through a Non-Participating Provider

When using a non-member provider, pay the full amount of the bill. To receive reimbursement, submit your claim to: Vision Service Plan, Attention: Non-Member Claims, P.O. Box 997105, Sacramento, CA 95899-7105.

Include the following information with the itemized receipt: employer name, employee name, mailing address, employee social security number, and patient's name and date of birth.

Non-Covered Glasses

As a plan designed to meet the typical visual needs of its members, we limit or do not cover some materials and certain cosmetic or elective options chosen for cosmetic purposes. We also do not cover medical or surgical eyecare services. The following lists materials and services with either limited or no coverage under the Standard Plan. Please note that participating doctors may request an exception if they feel a non-covered or limited material or service is necessary for the patient's visual welfare.

Cosmetic Options

The Standard Plan does not cover options chosen for cosmetic reasons. Patients should check with their participating doctor to verify items that are covered. Examples of cosmetic options include:

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| <ul style="list-style-type: none">• Cosmetic lenses• Optional cosmetic processes | <ul style="list-style-type: none">• Corrective vision services, treatments and materials of an experimental nature |
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Not Covered

Under VSP's Standard Plan, the following professional services and materials are **not** covered.

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| <ul style="list-style-type: none">• Orthoptics or vision training and any associated supplemental testing• Non-prescription lenses• Two pairs of glasses in lieu of bifocals• Medical or surgical treatment of the eyes | <ul style="list-style-type: none">• Any eye exam or corrective eyewear required by an employer as a condition of employment• Lost or broken lenses and frames, unless the member has reached his or her normal interval for service when seeking replacements |
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This is only a summary. For additional information, see your employer's benefits representative.



Customer Service (800) 877-7195 (8:00 am – 8:00 pm CST)